Access to Behavioral Health Services for Children and Adolescents

Medicaid and CHIP Payment and Access Commission

Erin K. McMullen & Melinda Becker Roach

Overview

- Behavioral health conditions and treatment among adolescents
- Access to behavioral health services for children and adolescents

Mental Health Characteristics among Non-Institutionalized Adolescents, 2018

	Percentage of youth age 12–17	Percentage of youth age 12–17		
		Medicaid	Private coverage	Uninsured
Major depressive episode (MDE)				
Lifetime MDE	20.7%	19.6%	21.2%	20.4%
MDE in past year	14.5	13.5	15.0	13.0
MDE with severe role impairment in past year	10.0	9.1	10.3	10.0
Suicide				
Thoughts of suicide in past year	11.9	11.5	12.2	8.3*
Plans of suicide in past year	5.6	5.7	5.6	4.2
Attempted suicide in past year	3.9	4.4	3.8	-

Notes: The National Survey on Drug Use and Health used the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* diagnostic criteria to identify major depressive episodes. The survey does not exclude depressive symptoms that occurred exclusively in the context of bereavement (SAMHSA 2019a). Questions from the Sheehan Disability Scale determined if a major depressive episode caused severe role impairment by creating major problems with the ability to do chores at home, do well at work or school, get along with family, or have a social life (SAMHSA 2019a). Illicit drugs include any of the following substances: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). Nicotine dependence was defined by meeting dependence criteria derived from the Nicotine Dependence Syndrome Scale or the Fagerstrom Test of Nicotine Dependence (SAMHSA 2019b). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

*Difference from Medicaid is statistically significant at the 0.05 level.
- Dash indicates that estimate is based on too small of a sample or is too unstable to present.

Source: SHADAC 2020.

Substance Use among Non-Institutionalized Adolescents, 2018

	Percentage of youth age 12–17	Percentage of youth age 12–17		
		Medicaid	Private coverage	Uninsured
Substance misuse, abuse, and dependence				
Ever used alcohol	26.6	24.3	27.8*	30.0
Alcohol use in past year	20.1	16.3	22.5*	19.8
Ever used marijuana	15.3	17.1	14.0*	17.0
Marijuana use in past year	11.8	12.2	11.7	11.8
Ever used a pain reliever not directed by a doctor	4.5	5.5	3.8*	6.3
Ever misused psychotherapeutics	6.3	6.9	5.8	8.2
Psychotherapeutic misuse in past year	4.7	5.0	4.4	7.2
Nicotine dependent in past year	0.5	0.5	0.4	-

Notes: The National Survey on Drug Use and Health used the *Diagnostic and Statistical Manual of Mental Disorders, 5th edition* diagnostic criteria to identify major depressive episodes. The survey does not exclude depressive symptoms that occurred exclusively in the context of bereavement (SAMHSA 2019a). Questions from the Sheehan Disability Scale determined if a major depressive episode caused severe role impairment by creating major problems with the ability to do chores at home, do well at work or school, get along with family, or have a social life (SAMHSA 2019a). Illicit drugs include any of the following substances: marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and the misuse of prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, and sedatives). Nicotine dependence was defined by meeting dependence criteria derived from the Nicotine Dependence Syndrome Scale or the Fagerstrom Test of Nicotine Dependence (SAMHSA 2019b). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

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Source: SHADAC 2020.

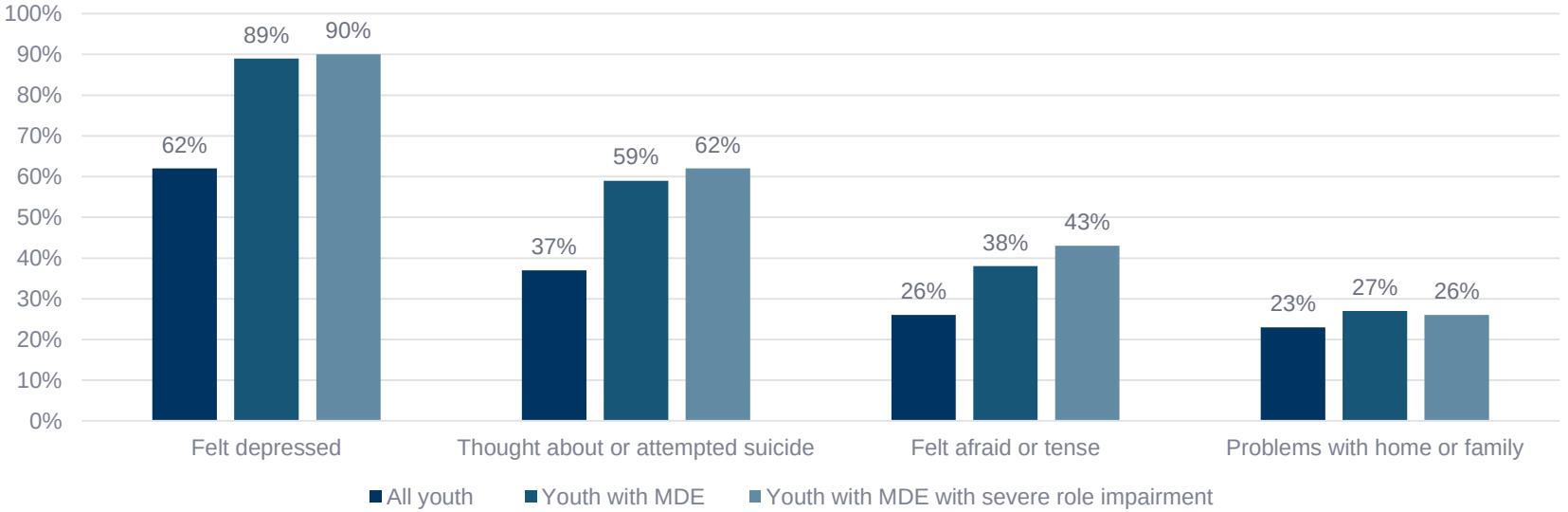
Demographic Characteristics among Youth with Behavioral Health Conditions, 2018

- The percentage of youth with MDE did not vary across racial and ethnic groups, but compared to privately insured, Black and Hispanic youth covered by Medicaid were less likely to have a past year MDE.
- Females were more likely to have MDE than their male peers, regardless of their coverage status.
- No variation by sex, race, ethnicity, or coverage type in prevalence of past year illicit drug or alcohol dependence or abuse.
- MACPAC is working on additional analyses on prevalence of behavioral health conditions, as well as treatment rates, across racial and ethnic groups in Medicaid

Mental Health Treatment in the Past Year among Non-Institutionalized Adolescents, 2018

- Nearly one in four youth received some form of mental health services.
  - Youth in Medicaid received treatment at similar rates as their peers with private coverage, but were more likely to receive non-specialty mental health services.
  - Privately insured youth more often received services from a private therapist, psychologist, psychiatrist, or social worker.
  - Youth in Medicaid were also more likely to have stayed overnight in a hospital or residential facility.
- Among Medicaid beneficiaries, 54.1 percent of youth with MDE and 60.4 percent of youth with MDE with severe role impairment received some form of mental health treatment in the past year.

Top Reasons for Receiving Specialty Mental Health Treatment in the Past Year among Non-Institutionalized Adolescents, 2018



Notes: The NSDUH estimates the prevalence of other reasons adolescents received specialty mental health services, including because they broke rules, had problems at school, had trouble controlling anger, had problems with friends or other people, had eating problems, got into fights, and had a self-reported mental disorder (SAMHSA 2019b).

Source: SHADAC 2020.

School-Based Mental Health Services in the Past Year among Non-Institutionalized Adolescents, 2018

	Percentage of youth age 12–17	Percentage of youth age 12–17		
		Medicaid	Private coverage	Uninsured
Received mental health services from education sources				
All youth	13.8%	15.9%	12.8%*	8.6%*
MDE	27.8	32.7	25.9*	18.5*
MDE with severe role impairment	30.6	35.4	29.0	24.1
Received specialty treatment in a school or school program for emotional problems				
All youth	5.8	7.6	4.8*	3.3*
MDE	9.8	13.7	7.8*	-
MDE with severe role impairment	10.8	14.3	9.5	-
Talked to a school social worker, psychologist, or counselor for emotional problems				
All youth	9.6	10.5	9.4	1.3*
MDE	22.7	25.5	22.0	-
MDE with severe role impairment	25.6	29.1	24.5	-

Notes: MDE is major depressive episode. Mental health services from education resources are defined as having talked to a school social worker, school psychologists, or school counselors and/or having attended a special school or participated in a special program at a regular school for problems with behavioral or emotions that were not caused by alcohol or drugs (SAMHSA 2019a). We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

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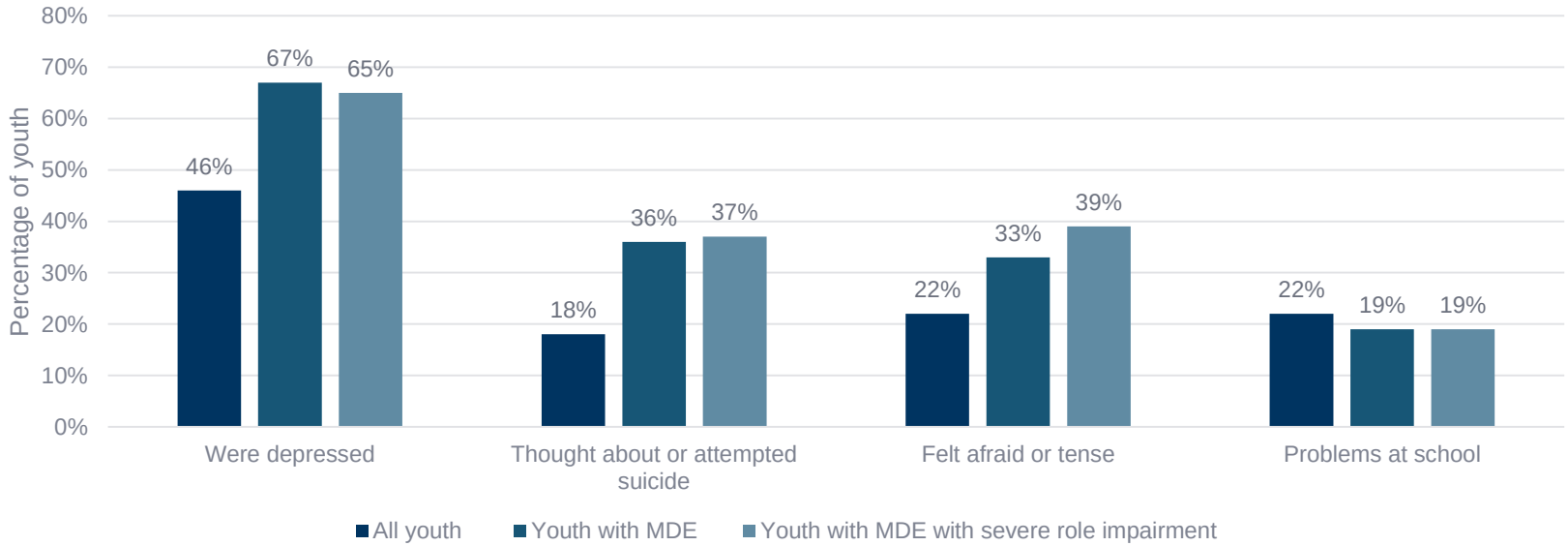
Source: SHADAC 2020.

Top Reasons for Receiving School-Based Mental Health Services in the Past Year among Non-Institutionalized Adolescents, 2018



Notes: MDE is major depressive episode. The NSDUH estimates other reasons adolescents received school-based mental health services, including because they broke rules or acted out, had an eating problem, had trouble controlling anger, were in physical fights, had problems at home or in their family, had problems with a friend, had problems with other people, had a diagnosed mental disorder, and other reasons (SAMHSA 2019b).

Source: SHADAC 2020.

Substance Use Treatment for Non-Institutionalized Adolescents with Past Year Drug or Alcohol Dependence or Abuse, 2018

	Percentage of youth age 12–17	Percentage of youth age 12–17		
		Medicaid	Private coverage	Uninsured
Needed but did not receive alcohol or drug treatment in the past year	94.3%	93.9%	94.6%	96.3%
Received treatment for alcohol or drug use in the past 12 months	9.2	9.0	9.5	-
Ever received alcohol or drug treatment	11.5	14.6	10.2	-

Notes: We used the following hierarchy to assign individuals with multiple coverage sources to a primary source: Medicare, private, Medicaid, other, or uninsured. Coverage source is defined as of the time of the most recent survey interview.

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Source: SHADAC 2020.

Access to Behavioral Health Providers

- Youth with behavioral health conditions need access to a range of treatment services of varying intensity.
- Predominant treatment settings:
  - Office-based (e.g., pediatricians, psychiatrists)
  - School-based health centers (SBHCs)
  - Specialty behavioral health treatment facilities
- Future MACPAC analyses will examine role of foster care settings and juvenile detention centers.

Limited Availability of Office-Based Treatment

- No single data set captures all office-based providers
- Shortages of child psychiatrists in all 50 states, the District of Columbia, and Puerto Rico
- Pediatricians account for 1 percent of physicians authorized to prescribe buprenorphine for opioid use disorder

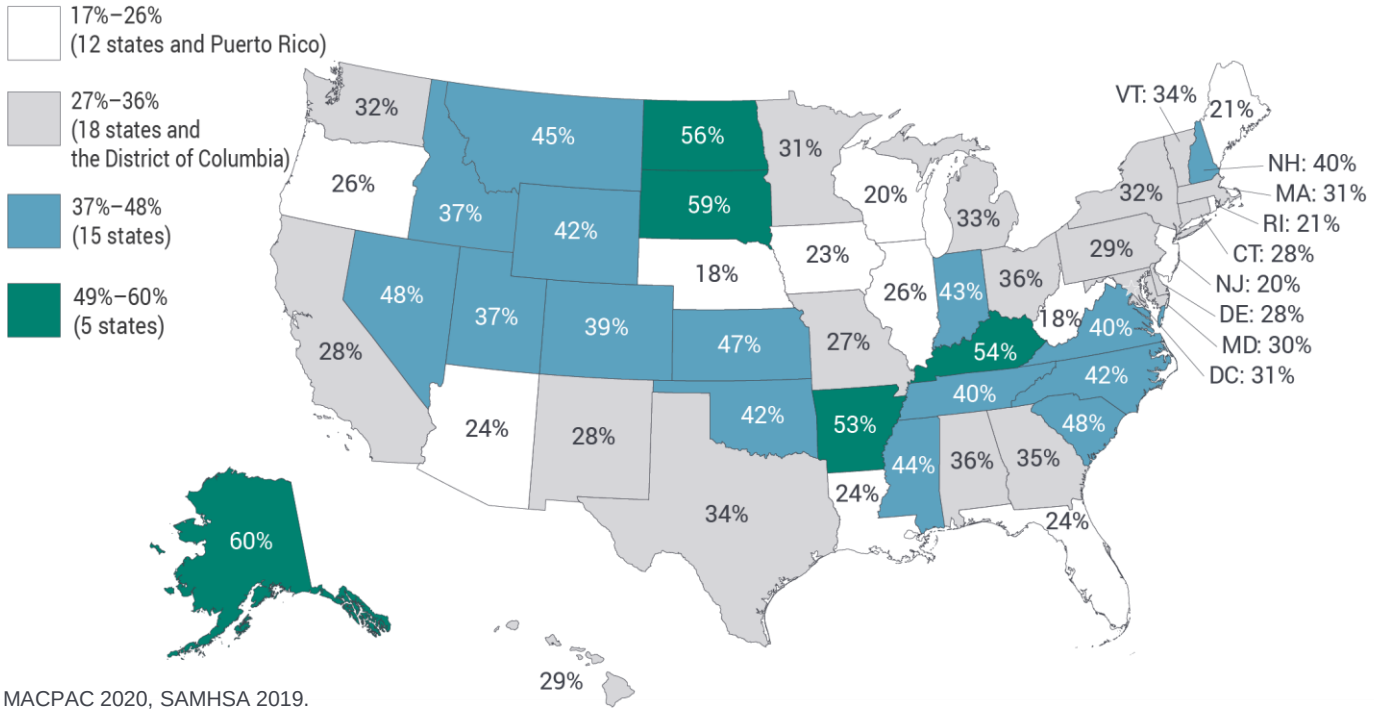
Sources: AACAP 2020, Olfson et al. 2020.

School-Based Behavioral Health Services

- From 2016-2017, SBHCs operated in nearly every state, providing access to 6.3 million students.
- Recent expansion of SBHCs driven by partnerships with federally qualified health centers (FQHCs).
  - From 2016-2017, more than half of SBHCs were sponsored by FQHCs.
  - Rate of growth in SBHCs has been greater in rural and suburban areas than urban environments.

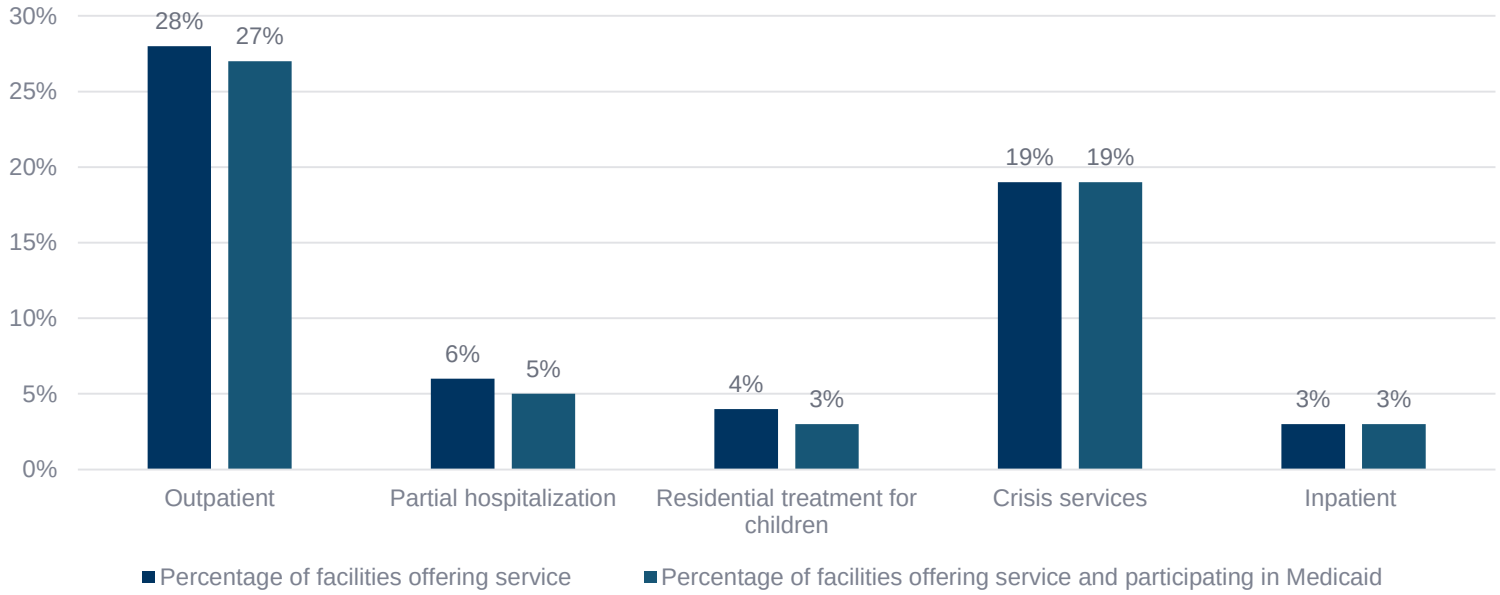
Source: Love et al. 2019

Percentage of Mental Health Treatment Facilities Offering Tailored Programming for Youth with Severe Emotional Disturbance and Accepting Medicaid by State, 2018



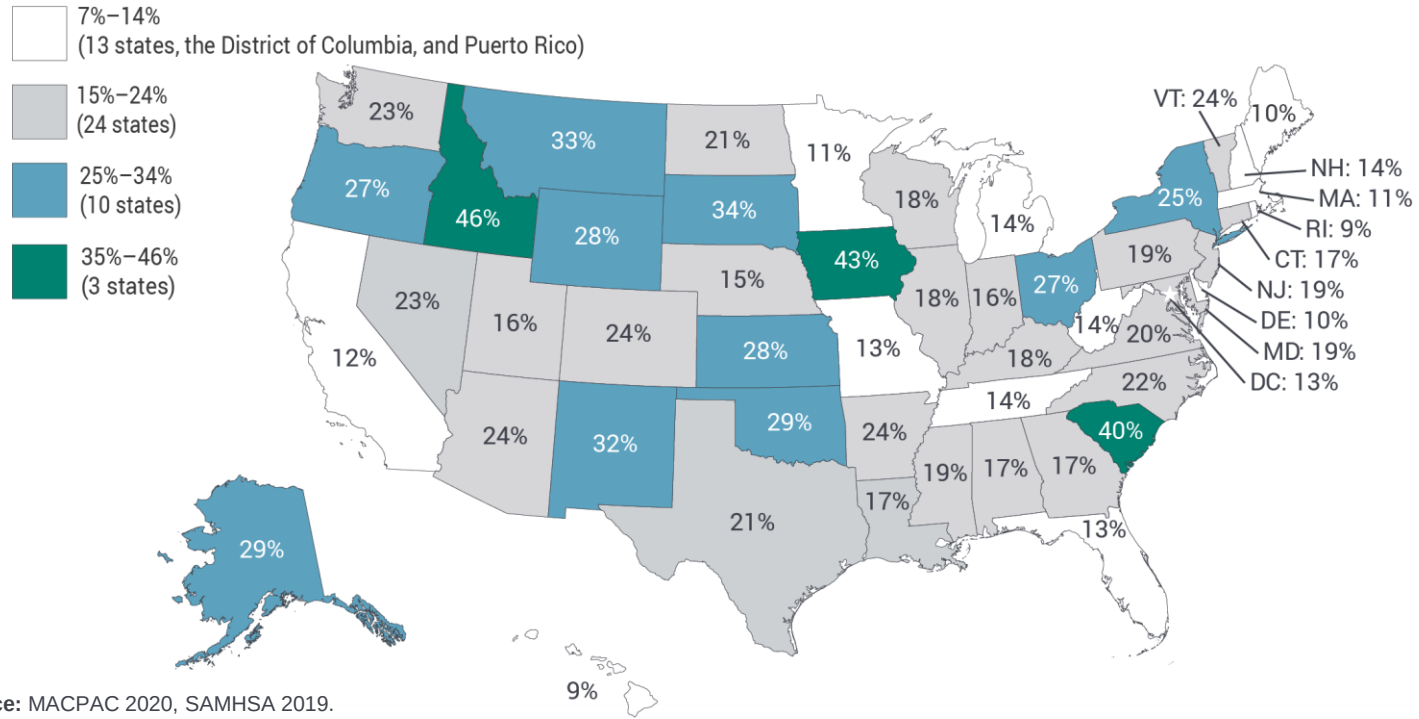
Source: MACPAC 2020, SAMHSA 2019.

Percentage of Specialty Mental Health Facilities Offering Tailored Programming for Youth with Severe Emotional Disturbance and Accepting Medicaid by Level of Care, 2018



Source: MACPAC 2020, SAMHSA 2019.

Percentage of Substance Use Treatment Facilities Offering Tailored Programming for Youth and Accepting Medicaid by State, 2018



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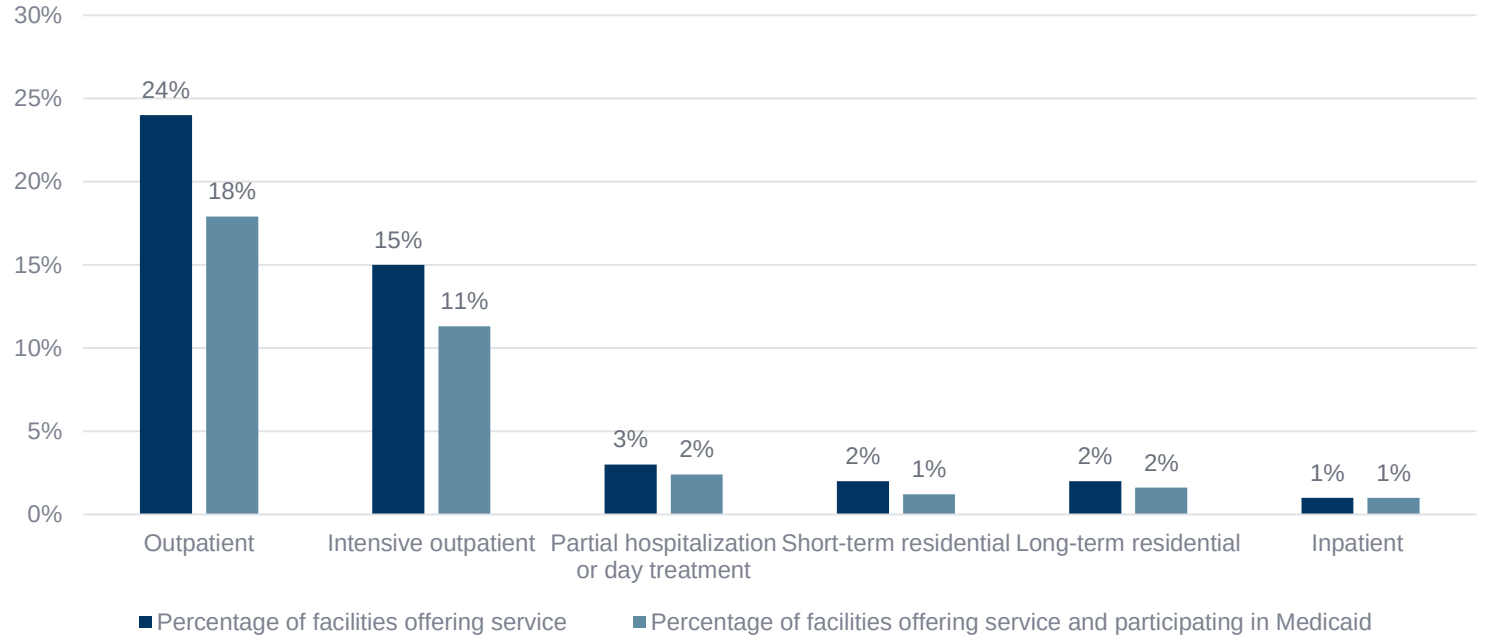
Percentage of Substance Use Treatment Facilities Offering Tailored Programming for Youth and Accepting Medicaid by Level of Care, 2018



Source: MACPAC 2020, SAMHSA 2019.

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